

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO/
10/590311

FILING DATE
16 NOV 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	<i>4</i>		/			
6	<i>4</i>		/			
7	<i>4</i>		/			
8	<i>4</i>		/			
9	<i>4</i>		/			
10	<i>4</i>		/			
11	<i>4</i>		/			
12	(1)		/			
13	(1)		/			
14	(1)		/			
15	(1)		/			
16	(1)		/			
17	(1)		/			
18	/		/			
19	/		/			
20	/		/			
21	/		/			
22	<i>3</i>		/			
23	/		/			
24	(1)		/			
25	(1)		/			
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TOTAL IND.	<i>4</i>		<i>4</i>			
TOTAL DEP.	<i>44</i>		<i>21</i>			
TOTAL CLAIMS	<i>45</i>		<i>25</i>			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						